



# ALABAMA MEDICAID AGENCY

## PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (some exceptions apply) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (\*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

Actos*	Kapvay*	Relpax
Adderall XR*	Kitabis	Ritalin*
Aerospan	Lantus	Serevent Diskus
Anoro Ellipta	Lantus	Sklice
Aricept*	Lidoderm*	Spiriva
Asmanex Twisthaler	Menest	Strattera
Atrovent HFA	Mentax	Tamiflu <sup>†</sup>
Bactroban Nasal	Mepron*	Technivie <sup>CC</sup>
Bepreve	Nasonex	Tobi*
Bethkis	Nexium*	Toviaz
Catapres-TTS*	Niacor	Ulesfia
Capex Shampoo	Nitro-Bid	Viekira Pak <sup>CC</sup>
Cimzia <sup>CC</sup>	Nitrostat	Vyvanse
Cipro HC	Novolog	Zovirax (cream only)
Ciprodex	Novolog Mix 70-30	
Combivent Respimat	Oxytrol	
Coumadin*	Pataday	
Diastat*	PegIntron	
Diastat Acudial*	Prandin*	
Dulera	Premarin (tabs only)	
Elidel	ProAir HFA	
Enbrel <sup>CC</sup>	Proventil HFA	
Focalin*	Provida DHA	
Focalin XR*	Provigil*	
Harvoni <sup>CC</sup>	Pulmicort Respules*	
Humira <sup>CC</sup>	QNASL	
Janumet	QNASL Children	
Janumet XR	QVAR	
Januvia	Relenza <sup>†</sup>	

<sup>†</sup>The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 7/1/2016

<sup>CC</sup> Denotes agent is preferred with clinical criteria in place.